OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for	Federal Assista	ınce SF	-424									
* 1. Type of Submission:  Preapplication  Application  Changed/Corrected Application		New [		* If Revision, select appropriate letter(s):  * Other (Specify):								
* 3. Date Received:												
5a. Federal Entity Identifier:					5b. Federal Award Identifier:							
State Use Only:												
6. Date Received by	State:		7. State Application	lde	entifier:							
8. APPLICANT INFORMATION:												
* a. Legal Name: R	ural Community	Assis	tance Corporat:	ion	1							
* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-2512284				- 1	* c. UEI:							
d. Address:												
* Street1: Street2:	3120 Freeboar	d Driv	e Suite 201									
* City:	West Sacramento											
County/Parish:  * State:	Yolo				٦							
Province:	CA: California											
* Country:	USA: UNITED S	TATES										
* Zip / Postal Code:	95691-5039											
e. Organizational L	Jnit:											
Department Name:				T	Division Name:							
f. Name and contac	ct information of p	erson to	be contacted on m	att	ers involving this application:							
Prefix:			* First Nam	e:	Julia							
Middle Name:												
l <u> </u>	lmreich											
Suffix:												
Title: Director,	Communication	s Devel	lopment & Event	s								
Organizational Affiliation:												
* Telephone Number: (916) 447–9832; 1008 Fax Number:												
*Email: jhelmreich@rcac.org												

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66.203
CFDA Title:
Environmental Finance Center Grants
* 12. Funding Opportunity Number:
EPA-I-OW-OWM-22-01
* Title:
ENVIRONMENTAL FINANCE CENTER GRANT PROGRAM
13. Competition Identification Number:
NONE
Title:
None
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
EPA Environmental Finance Center Grant Program - Regional Water Infrastructure (Region 10)
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424													
16. Congressional Districts Of:													
* a. Applicant	A-006			* b. Program/Project	Varies								
Attach an additional list of Program/Project Congressional Districts if needed.													
			Add Attachment	Delete Attachment	View Attachment								
17. Proposed Project:													
* a. Start Date: 10/01/2022 * b. End Date: 09/30/2027													
18. Estimated Funding (\$):													
* a. Federal		4,669,646.00											
* b. Applicant		0.00											
* c. State		0.00											
* d. Local		0.00											
* e. Other		0.00											
* f. Program Income		0.00											
* g. TOTAL		4,669,646.00											
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?													
a. This application was made available to the State under the Executive Order 12372 Process for review on													
b. Program is subject to E.O. 12372 but has not been selected by the State for review.													
C. Program is not covered by E.O. 12372.													
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)													
☐ Yes ☐ No													
If "Yes", provide explanation and attach													
			Add Attachment	Delete Attachment	View Attachment								
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.													
Authorized Represe	entative:	_											
Prefix:		* Firs	st Name: Suzanne										
Middle Name:													
* Last Name: Anarde													
Suffix:													
* Title: Chief Executive Officer													
* Telephone Number: (916) 447-9832; 1002 Fax Number:													
* Email: sanarde@	raaa ora												